



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION	
Name		NA
Christopher R.	Rosata	Member of: ☐ House ☐ Senate
8.4 = 111		
9 Lawn Avenu	0	District 129
City, zip code Gorham, ME	04:070	Phone
Gorham, 1	07038	839-2095
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employ principal type of economic activity of each en	er from whom you received compensation ployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
	185 Portland Rd.	Recreation
Town of Buxton	Buxton ME 04093	
	DVX 104_1 12 1013	Director
*		
	OME DERIVED FROM SELF-EMPLOYMEN	
	Legislators who are self-employed.)	
A. List the name and address of your bus derived income. If associated with a partice	iness, if any, and list the major areas of edership, firm, professional association, or similar	conomic activity from which you
areas of economic activity of that entity.	asinp, mar, professional association, or similar	ar business entity, list the major
and and the state of the state	the control of the co	Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity	Activity
	(self)	(partnership, association or similar business entity)
Name:	High School Busketbal	to 🜓 the contract the contract of the contrac
Address: $SeIF$	and Basebull Official	Youth/School Athletics
-	TO an international comments of the contract o	na van entre suurin er er en en er en er en er en er en
 Other machine the second of the		
Name:	•	

PART 2 (continue	ed). INCOME DERIVED FRO (For Legislators who are self-emplo		
B. List each source of income derived from self is greater, and specify the principal type of econdisclosure is prohibited by law, rule, or an establishment of the entity or person from whom the income was	employment that represents more nomic activity of the entity or persolished code of professional ethics	e than 10% of your gross on from whom you derive	d such income. If this form of
	ddress of Source	Act	rincipal Type of Economic vity of Entity or Person Who the Source of the Income
Name:			
Address:			
Name:			**************************************
Address:		A comment	No. of the second secon
	RT 3. MAJOR AREAS OF PI For Legislators who are attorneys-at-		
List your major areas of practice. If associated		(1000) 1000 (1000)	
Name and Address of F	-irm	Major Areas of Practice (self)	
Name: Address:		1 3 m	To the contract of the contrac
Name:	THE CONTRACTOR OF THE CONTRACT		
Address:	12.0	ì	
	RT 4. OTHER SOURCES OF		
List each source of income of \$1,000 or more no	ot listed in Parts 1, 2, or 3 of this f	orm. Do not include gifts.	If none, check the box.
None			and the second s
Name, and Ad	Idress of Source		Kind of Income nvestments, leases, etc.)
Name:		a company	iki Kamada na masa kamadan 1995 ing panggang panggang di panggang panggang panggang panggang panggang panggang
Address:		ilian en	
Name:			42.004.00
Address:		The second secon	
P	ART 5. REPORTABLE LIAB	ILITIES	
List the names of creditors for any <u>unsecured</u> lo areas of economic activity of each creditor. Do r	pans of \$3,000 or more that you i	received during the report	ing period, and list the major
None	not astroans from a relative. If no	ne, oneon the box	
	dress of Creditor	P	incipal Type of Economic Activity of Creditor
Name:	a 18 11 11 11 19 19 - Proposition of the Proposition of State and Administration of the	· The Control of th	aku, Maada ka da
Address:			
Vame:		**************************************	Prince List in the Commence of
Address:			
	PART 6. REPORTABLE GI	FT S .	
List the specific source of each gift of more than none, check the box		g (21.5 <u>m</u> 1.70.7	\$300 from a single source. If
™ None	a difference control and a control control of the second o	to to 270 and amendment of the second of the	TO THE THE STATE OF THE STATE O
Name of Source of Gift	the service state of the second service of the second service	Name of Source	of Gift
1.	· 3.		
2.	4.	The residence of the control of the	The state of the s

PART T PEROP	ini è	ou loi		Market American and the second of the second				
PART 7. REPORTAL List the source of any honoraria accepted for appearances or speech								
	ales leiau	=u 10 y	our on	inclar duties. If none, check the box.				
2 consistence of the contract		74 - F.	ì	Control Control Control				
Name of Source of Honoraria			a printing muse in the	lame of Source of Honoraria				
1.	3.							
2.	4							
	:		×					
PART 8. REPRESENTATION	<u> </u>		· ·					
List each executive branch agency before which you represented of the box.	or assiste	ea otne	ers tor	compensation of any amount. If none, check				
None			**************************************					
Name of Agency				Name of Agency				
1	3.							
4.								
PART 9. BUSINESS W	ITH STA	TE A	GENC	CÍÉS				
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.								
None								
Name of Agency Name of Agency								
1. 3.								
2.	4.		-					
PART 10. INCOME RECEIVED BY I	MEMBEI	RS OI	= IMM	IEDIATE FAMILY				
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1.	,000 о	r more	e received by your spouse or dependent child				
Type of Economic Activity Representing Source of Income Receiv	ved	Cir appro let	priate	Kind of Income				
1.		S	D					
2.		s	D					
3.	energy with the second state of the second sta	S	D					
4.	3	S	· D	TO STATE OF THE STATE OF THE STATE S				
SIGNA	TURE							
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	bject to	a fine	of \$10					
The intentional filing of a foliae statement in a Class E seize. If	4h = 0							

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it, shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

1/2/07

Date

NAME:				4.00.10	- AVAILABLE AVAI	CONTROL OF THE PROPERTY OF THE	DATE:	VICEOUS TO A STREET OF THE STR		·
ADDRESS:	NEEDLAND WED	A VA ARCONAGE	4	A. Lauren and M. T. Sell, Communication of the Comm		conquerte and the second secon				**************************************
				ADD	ITIONAL IN	FORMA	FION			
Please provide a information you a	any additional re providing.	information	below	(and or	ı additional	sheets	if needed).	Indicate the	part or section	on number for the
Part/Section Number	The part of the second	Part of the second seco			in the things of the confidence of the confidenc	The same of the sa	This graphers as a manifestation	monuments of Amel that A statistical	Code observational control of the co	
HARD AND AND AND TAXABLE AND T	direkundentap u -,	Suid-bracemer Reather average	Assertina (na sú sarrana - us	Andrew State State of	åeer-	, [†] ∰™jeres	 		andriefali sem <u>m</u> er v repe vzgavaren,	19. 1992 (I.s. polisikus liikus fi <mark>nastoide</mark> japajan) — 13. m. i.e. i.e. ja 19. m.
										No.
dalom + 2 dalah									•	
Oblimation of the ending of the end of the e		•						•		
and Minimal to refuge AN										
enermenskis								•		
OBERNE AN AND AND AND AND AND AND AND AND AND							•	-		
či. i data i na úzglje.					ustV					
ted to Access to making II				. · ·			•	ì		
United And Language Printings				÷						
ide s malik demanddistas				•					:	
Table 1	A STATE OF THE STA	•					e e e e e e			
					ī	-	÷			
terrychow todite	. •			÷		٠				
			٠							
en providing Alaka Al-										
- I venido de la facilita de la faci		-								
- ·										
A control of the cont			e							·
ed stilling company		-								
The second secon										·
			í							